Customer No. 88388

PATENT PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In reapplication of:

Robert B. Spertell

Attorney Docket No.: 9853.20895-DIV

Serial No.:

09/637,923

Examiner: Daniel Leon Robinson

Filed:

14 August 2000

Group Art Unit: 3742

For:

Method and Apparatus for Treating Subcutaneous Histological Features

Mail Stop Amendment Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

[x] a small entity

[] other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed as follows: Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Date: 2 June 2009

Angela D. Raasch
Type or print name of person mailing paper

(Signature of person mailing person 00000006 09637923

01 FC:2252

245.00 OP

EXTENSION OF TERM

NOTE:	Non-Final Of	Time in Patent Cases (Supplement Amendments) - If a timely and complete response has been filed after a ce Action, an extension of time is not required to permit filing and/or entry of an additional amendment after he shortened statutory period.				
	a Notice of A the timely-file	opeal or filing and/or en d response placed the a	try of an additional amendment after application in condition for allowance.	on of time is required to permit filing and/or ent expiration of the shortened statutory period un Of course, if a Notice of Appeal has been filed w December 10, 1985 (1061 O.G. 34-35).	less	
NOTE:		7 CFR 1.645 for extensions of time in interference proceedings and 37 CFR 1.550(c) for extensions of time in nination proceedings.				
 The proceedings herein are for a patent application and the provis 				the provisions of 37 CFR 1.136 ap	ply	
		(c	omplete (a) or (b) as applica	ible)		
	(a) [x		etitions for an extension of tir (a)(5)) for the total number o	me under 37 CFR 1.136 (fees: 37 C of months checked below:	FR	
	Extension		Fee for other than	Fee for		
	(months)		Small Entity	Small Entity		
[]	one month		\$ 130.00 \$ 490.00	\$ 65.00 \$ 245.00		
[x]	two month three mon		\$ 490.00 \$1110.00	\$ 555.00		
[] [] []	four monti		\$1730.00	\$ 865.00		
įj	five month		\$2350.00	\$1175.00		
		Fee	\$245.00		٠	
	If an addit	ional extension of	time is required please con-	sider this a petition therefor.		
	(check and complete the next item, if applicable)					
	the	n extension for erefor of \$ extension now re	is deducted from	ready been secured and the fee p n the total fee due for the total mon		
	Extension fee due with this request: \$ 245.00					
			OR			

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

(b)

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(i)*	7	-50 =	(43)	x \$ 26.00	\$0	\$0
Independent Claims (37 CFR 1.16(h)**	1	-9 =	(8)	x \$ 110.00	\$0	\$0
First Presentation of Multiple Dependent claim(s) if any (37 CFR 1.16(j))				\$195.00	\$0	\$0
Total Additional Fee					\$0	\$0

* If the "Highest No. Previously Paid for" IN THIS SPACE is less the	ıan 20,	, enter "20"
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The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (S 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added).

(c) [x] No additional fee for claims is required.

OR

(d) [] Total additional fee for claims required \$_______

FEE PAYMENT

5. [x]	Attached is a check in the sum of \$ 245.00		
[]	Charge Account No	the sum of \$	

^{**} If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

FEE DEFICIENCY

NOTE:

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If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. [x] If any overpayment of fees or additional extension and/or fee is required, charge Account No. <u>06-2360</u>.

AND/OR

[x]	If any overpayment of fees or addition 06-2360	onal fee for claims is required charge Account No		
		SIGNATURE OF ATTORNEY		
Reg. No.:	29,243	Daniel D. Ryan TYPE OR PRINT NAME OF ATTORNEY		
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